

# **USRA**

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## **INSURANCE UPDATE**

### **SECONDARY ACCIDENT MEDICAL INSURANCE FOR USRA MEMBERS**

**Insurance Company:** AIG Life Insurance Co.  
**Policy Number:** SRG 8053239  
**Who is Covered:** Members in good standing

**Coverage Starts:** Coverage is a benefit of membership, and begins upon receipt of the completed application form, with fees, at the national office.

**Effective:** Registered USRA Members are covered while 1) participating in state, regional and national USRA sanctioned or sponsored events, and 2) while participating in sanctioned leagues, or organized practice sessions.

#### **Benefits**

- Maximum \$25,000 per occurrence for medical expense
- Maximum \$250 per tooth/\$1,000 per occurrence for dental expense, not subject to deductible
- Accidental Death Benefit  
Maximum amount = \$10,000
- Accidental Dismemberment Benefit  
Maximum amount = \$15,000
- Deductible amount is \$5,000

#### **Deductible**

This program is secondary to other primary insurance carried through the member's employment, school, or family. The deductible is the greater of the total of other collectible benefits from primary insurance sources applicable to the injury, or \$5,000, or medical expenses where there is no primary insurance. Claims exceeding \$10,000 will be coinsured at 80/20.

#### **Reporting Injury Claims**

1. Notify the USRA by telephone, fax or email, naming the member who was injured, or have the injured person call directly. Confirm receipt of fax or email notifications by phone.  
Phone: 719-635-5396, ext. 123  
Fax: 719-635-0685  
Email: KJoyce@usra.org
2. Upon notification, the USRA will issue a claim form with a letter and this summary of insurance coverage to the injured party. Valid membership and event participation will be verified at that time.
3. The claim form must be completed in full by the injured party and submitted directly to the AIG Life Insurance Company as detailed in the instructions.

#### **Important policy provisions to remember:**

- the injured party has 30 days from date of injury to consult a physician
- the "claim form" must be filed with the insurance carrier within 90 days from date of injury
- \$5,000 deductible must be met by the injured party before this coverage goes into effect

### **LIABILITY INSURANCE FOR SANCTIONED EVENT SITES**

**Insurance Company:** St. Paul Fire & Marine Insurance Company  
**Policy Number:** GLO 130568  
**Policy Dates:** Policy renews annually

#### **Limits and Sub-Limits of Liability**

- \$1,000,000 for each occurrence
- \$5,000,000 General Aggregate per event
- \$5,000,000 Products/Completed Operations Aggregate
- \$1,000,000 Personal Injury/Advertising Injury
- \$100,000 Premise Damage
- \$5,000 Medical Expenses (any one person)

***It is imperative that all incidents — no matter how minor — be reported immediately to Membership Director Kevin Joyce, at the USRA National Office, 1685 West Uintah, Colorado Springs, CO 80904-2906 .***